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MAINEETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

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Name Dale Coaffe			Office:	
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Mailing address			District /04	
City, zip code	Maringara hazarkalirini interalirikani rikalirikan		Bodis Anno Militario di Libera di Anno	anteri (((especify v))(especify v populy y reserving a most nich affin i populy v popul
City, zip code	<u>'</u> 1	12	Phone	and the second
1 50011 1G115	<u> </u>	1011 0925	<u> 207-353</u>	5-5469
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PART 1. INCOM	E DERIVE	D FROM EMPLOYMENT BY ANOT	THER	
List the name and address of each employer from economic activity of each employer.	m whom yo	u received compensation of \$1,000 or	more. Specify the	principal type of
Name of Employer		Address	Principal Type Activity of	
Town of Lisban		Lisbon St.	Counci	
		n Me. 04250	onennennen inmoniventietetimistiskininger indentitieren va	Constitution of the cons
State of Maine		state House station		
	1 Au	gusta Maine 04333		
	`			
PART 2. INC	OME DER	IVED FROM SELF-EMPLOYMENT		
	A14-20-20-20-20-20-20-20-20-20-20-20-20-20-	s who are self-employed.)		
A. List the name and address of your business, i associated with a partnership, firm, professional a entity.	if any, and li association,	st the major areas of economic activity or similar business entity, list the majo	from which you de r areas of econom	rived income. If ic activity of that
Name and Address of Business Entity		Major Areas of Economic Activity (self)	Major Areas Acti (partnership, asso busines	vity ociation or similar
Name: Crafts Self Stored Address: 7 center fand Rd Topsho	ge m Me	Topsham & Lisbon		
Name:	The military Administra		AMARANAN ALIA	
Address:	Verzöllelit Art Oleksen		A management of the state of th	
where the same state of the sa			- Adaman	

PART 2 (continued). INCOME DERIVED F (For Legislators who are self-		(MENT
B. List each source of income derived from self-employment that represents greater, and specify the principal type of economic activity of the entity or p disclosure is prohibited by law, rule, or an established code of professional ethentity or person from whom the income was derived.	erson from whom you d	derived such income. If this form of
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:		The second secon
Address:		VI SISSI A resident a re-
Name:	hishorii 1998-1862 yo diisiisii iddadada hadda hadda hadda hadda waxa aasaa da ahaa ahaa ahaa ahaa ahaa ahaa	
Address:		
PART 3. MAJOR AREAS O (For Legislators who are attorney.		
List your major areas of practice. If associated with a law firm, list the major ar	sample of the second	rm.
Name and Address of Firm	Major Areas of Pra (self)	actice Major Areas of Practice (firm)
Name:		
Address:	*	of transmission of the state of
Name:	Archina (Archina Marchaella Marchaella Archina (Archina Marchaella Marchaella Marchaella Archina Anna Anna Ann "	manamamanisisis manasis paggiga cigi paggangan paggiga cigi paggan paggiga paggan paggiga paggan paggan paggan Paggan paggan
Address:	Without Commission and Commission an	TATALON COMPANY
PART 4. OTHER SOURCES	OFINCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this		ifts. If none, check the box
None	. - Annex Market Marke	bidding gallandig yn gael yn gael y gael yn yr yn y gael y
Name and Address of Source	er filter å den er år år men men entre til vert te til	Kind of Income (investments, leases, etc.)
Name:		ki katika tahun terdapan mengan bara satur kan satur kan satur satur satur baran baran baran baran baran baran
Address:		
Name:	n en	жиливеннов не в население в сом поселение на почето на
Address:		
	-	
PART 5. REPORTABLE L		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that areas of economic activity of each creditor. Do not list credit card liability or load	you received during the ins from a relative. If no	reporting period, and list the major ne, check the box.
□ None		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		and the second s
Address:	CONIZABANA	
Name:		
Address:	N. Geldah A.A.A.	

	PART 6. REPORTABLE GIFTS	
List the specific source of each gift none, check the box.	ft of more than \$300. Include gifts with an aggregate	value of more than \$300 from a single source. If
🗷 None		
Name of Sou	urce of Gift	Name of Source of Gift
1.	3.	et forder de
2.	4.	1975) en en tradición de la desta de la decembra de la companya de la desta de la desta de la desta de la decembra de la companya de la desta de la decembra del decembra de la decembra del del decembra del del decembra del
	PART 7. REPORTABLE HONORAR	RIA
List the source of any honoraria acc	cepted for appearances or speeches related to your le	gislative responsibilities. If none, check the box.
🗹 None		
Name of Source	e of Honoraria	Name of Source of Honoraria
1.	3.	
2.		AP-SENSEAN AND AND AND AND AND AND AND AND AND A
	PART 8. REPRESENTATION BEFORE STATE	FAGENCIES
List each executive branch agency	before which you represented or assisted others for	
D None		
None Name of A	Agency	Name of Agency
1.	3.	
an a		
2.	4.	
	PART 9. BUSINESS WITH STATE AGE	NCIES
List each executive branch agency \$1,000 during the reporting period.	to which you or a member of your immediate family If none, check the box.	sold goods or services with a value in excess of
D None		
Name of A	Agency	Name of Agency
1.	3.	
2.	4.	
BAST	10. INCOME DECEMEND BY MEMORING CO.	
	10. INCOME RECEIVED BY MEMBERS OF IM	
dependent child(ren) during the repo	epresenting each source of income of \$1,000 or more porting period and the kind of income represented. If ob title are listed. Do not include gifts.	e received by your spouse or domestic partner or your spouse or domestic partner received \$1,000
Name of Spouse or Domestic P	Type of Economic Activity	Relationship Kind of Income
	Income Received	
Name:	1.	Spouse or 1.
Job Title:	2. 3.	Domestic 2. Partner 2
	3. ·	3.
If dominated ability and		Dependent Child
If dependent child(ren) receive more for the reporting period, list only	than \$1,000 of income the type of economic	Dependent Child
activity and the kind of income.		Dependent
	25.000 (000.000 (000.000 (000.000 (000.000 (000.000)	Child

Organization Business and Address SIGNATURE Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A) he intentional filing of a false statement is a Class E crime. If the Commission concludes that if appears that a Legislator inflully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019) ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number he information you are providing. Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number he information you are providing. Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number he information you are providing.	None				
ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number the information you are providing.		Title	大響 ひがりゅうちゃん しょうりょく かんしょう		Compensated?
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Part/Section	Signature		<u> </u>	oate	
	ADDIT)N		ion number fo
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	ADDIT Please provide any additional information below (and the information you are providing.)N		ion number fo
	ADDIT Please provide any additional information below (and he information you are providing. Part/Section)N		ion number fo
	Please provide any additional information below (and the information you are providing.)N		ion number fo

PART 11. OFFICER OR DIRECTOR POSITIONS